

Chiropractic Assistant Registration Form

- Submit this form within seven (7) days of employment.
- The \$50.00 registration fee must be submitted within sixty (60) days of employment.
- The six (6) hours of continuing education must be received within six (6) months of employment.

Name: _____

Address:

Mailing Address: _____

City: _____

State, Zip: _____

Phone w/area code: _____

DOB: _____ SSN: _____

Name of chiropractic clinic where employed. Please use the clinic mailing address.

Clinic Name: _____

Doctor: _____

Mailing Address: _____

City: _____

State, Zip: _____

Phone w/area code: _____

Are you also employed as a Radiological Technician? Yes No

You must keep the Board of Chiropractic Examiners notified of any changes to the above information.